Case No:

CATAWBA COUNTY DEPARTMENT OF SOCIAL SERVICES FOOD ASSISTANCE FACE SHEET

NAME:					SSN:	SSN:	
Please complete the follow Name First, Middle, Last	DOB	ervone that lives in y Social Security Number	our home: Race	Sex	Relationship to you	Does this person eat with you?	
,						[]YES []NO	
						[]YES[]NO	
						[]YES[]NO	
						[]YES[]NO	
						[]YES[]NO	
						[]YES[]NO	
						[]YES[]NO	
						[]YES[]NO	
Assistance benefits, you must provide certain information on each member. This notice only applies to social security numbers. Any individual in your household who wants to receive assistance must furnish all social security numbers he has and uses. If he does not have one, he must apply for one. We can help him do this. If an individual refuses to provide his social security number, he is ineligible for assistance for himself. If an individual in your family or household does not wish to receive benefits, he DOES NOT have to give his social security number. If he chooses to provide his social security number, it is strictly voluntary. HOW WILL MY SOCIAL SECURITY NUMBER BE USED?							
Social security numbers a	re used in ma	tching information w	ith the foll	lowing ag	jencies:		
Internal Re Employme Departmen Out-of-Stat	t of Transport	es (IRS), ommission (ESC), tation (DOT), I ESC agencies, and					
We will only use social see	curity number	s to verify income a	nd resourc	es.			
I have read and understand security numbers I provide		nts on this form. By	signing th	nis, I agre	e to allow system i	matches on the social	
Applicant's/Representative	e's Signature:				Date:		
Varification Worker's / Cas	soworkor's Sid	natura					